

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH
OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH**

**APPLICATION FOR CERTIFICATION AS A COMPETENT PERSON UNDER
SUBPART D.2 OF RI RULES AND REGULATIONS FOR ASBESTOS CONTROL**

1. **TYPE OF APPLICATION:** ☐ Initial ☐ Renewal ☐ Amendment

If Renewal or Amendment, current certificate number: ACP - _____

2. APPLICANT:

Name: _____

Facility: _____

Street: _____ Telephone No.: _____

City/Town: _____ State: _____ Zip: _____

3. COMPETENT PERSON CATEGORY: (Check ONE Item Only)

- ☐ Designated by Public Official
☐ Undesignated – Public Agency
☐ Designated by Private Facility
☐ Incidental to Primary Trade (Plumber, Oil Burner Repair, etc.)
☐ Other (Specify) _____
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4. RESPONSIBILITIES:

A. For “Designated by Public Official” or Designated by Private Facility” category, indicate name and title of official making the designation, as well as the building(s) in which the applicant is responsible for any asbestos related activity.

B. For “Public Agency – Undesignated “ category, indicate the basis for requesting said designation, as well as the building(s) for which said application is being made.

C. For “Incidental to Primary Trade” or “Other” category, indicate the applicant’s primary trade and the nature of asbestos related activity that the applicant proposes to engage in. If specific building(s) and/or types of buildings are known, they should also be identified.

5. DOCUMENTATION OF REQUIRED TRAINING:

For initial applications, attach original or certified copy of certificate(s) indication successful completion of an Agency approved fourteen hour Competent Person training course. Renewal applications should only include original or certified copies of any annual review training course(s) not already on file with the Agency.

6. OTHER LICENSES/CERTIFICATIONS/AUTHORIZATIONS IN RHODE ISLAND:

Indicate all other asbestos related licenses, certifications and/or authorizations (including license/certificate/authorization number) currently held by the applicant. Attach copies of all such licenses, certifications, and/or authorizations.

7. ENFORCEMENT ACTIONS:

- A. Has any federal, state or local jurisdiction ever revoked or suspended any asbestos related license, certification and/or authorization held by the applicant?

If yes, attach details.

- B. Does any federal, state or local jurisdiction have outstanding enforcement action(s) against the applicant?

() Yes

() No

If yes, attach details.

8. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

Completed application (no fee required) and (if applying by mail) two (2) full-face color photographs (not larger than one and one-quarter (1.25) inches high by one (1) inch wide) should be submitted to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill, Room 206
Providence RI 02908
(401) 222-3601**